

**VA Palo Alto Health Care System  
VETERANS RECOVERY CENTER (PRRC)**

**SCOPE OF SERVICE**

**Population Served**

The Veterans Recovery Center (VRC) program serves Veterans with a diagnosis of serious mental illness who are experiencing serious symptoms and any serious impairment in their social, occupational, or school functioning. The primary mental health diagnosis can be any of the following: a psychotic disorder (e.g., Schizophrenia or Schizoaffective Disorder), a major affective disorder (e.g., Bipolar Disorder or Major Depressive Disorder), or severe Posttraumatic Stress Disorder (PTSD). Veterans may have co-occurring Substance Use Disorder, if this is not the primary diagnosis.

In addition to the criteria above, participants must be eligible for VHA services in order to enroll in VRC. Veterans from any VA facility or VISN may request VRC services, though the majority of VRC referrals originate from within the VA Palo Alto Health Care System.

The VRC program is voluntary and is based on the Psychosocial Rehabilitation and Recovery model. Therefore, the VRC program is appropriate for veterans who are interested in participating in program services with a goal to increase community integration.

The VRC serves both male and female Veterans of all service eras and combat statuses, including Veterans who are Service-Connected and Non-Service-Connected. In addition, the VRC offers services to family members of eligible Veterans with mental illness. The services provided to family members must be in support of the Veteran's mental health needs.

Exclusion criteria for the VRC include Veterans with dementia or serious cognitive deficits, severe personality disorders, and Veterans whose primary diagnosis is a Substance Use Disorder. Veterans must be able to participate in an outpatient setting without the need for a caretaker present.

**Settings**

The VRC is an outpatient program and is based at the San Jose Clinic of the VA Palo Alto Health Care System (80 Great Oaks Boulevard, San Jose, CA 95119). The program uses dedicated space at the clinic including the primary VRC classroom/resource room, technology area, and has access to other clinic space as needed.

The VRC also provides community integration activities where Veterans may visit community locations outside of the VA campus, such as libraries, self-help centers, and public transportation to support Veterans' community integration goals.

The VRC has the capability of providing Telehealth services to Veterans to coordinate services between sites.

## **Hours and Days of Service**

VRC services are available Monday through Friday, 8:00 am - 4:30 pm. In response to Veteran needs, and to support Veteran integration into community roles, VRC events may sometimes be scheduled after 4:30 pm, and/or on weekend days or holidays.

## **Admission, Discharge, and Transition Criteria**

Admission criteria include a Global Assessment of Functioning (GAF) of 50 or lower (i.e., serious psychiatric symptoms or any serious impairment in social, occupational, or school functioning) and a serious mental illness diagnosis of any psychotic disorder (e.g., schizophrenia or schizoaffective disorder), a major affective disorder (e.g., bipolar disorder or major depressive disorder), or severe Posttraumatic Stress Disorder (PTSD). Veterans with co-morbid substance use disorders are candidates for admission, but the substance use disorder cannot be primary.

Veterans are screened and provided a program orientation. If the program fits the Veteran's needs, then he/she is invited to try out classes for approximately 30 days. At the end of this trial period, Veterans meet with staff who motivate participants to attend classes, select a personalized curriculum, begin to develop recovery goals, and to complete enrollment forms. Once formally enrolled, Veterans meet with staff to complete a comprehensive biopsychosocial assessment and initial Recovery Plan within 10 days of enrollment. This information is then used as the basis for a comprehensive Recovery Plan (completed within 30 days of development), which also incorporates the Veteran's stated goals and preferences. Following the development of the Veteran's Recovery Plan, participants continue to attend classes and increase their community integration. During the Veteran's participation, he/she meets with a Recovery Advisor monthly to review progress towards stated goals, and to update their Recovery Plan (Recovery Plan Update) at least every six months until discharge or their goals are satisfied.

Veterans may be discharged from the program upon successful completion, or before successful completion if appropriate. Discharges before completion can occur when the program no longer fits with Veteran's treatment plan or goals, or when the Veteran leaves the area or becomes unreachable by staff for more than 4 weeks. Additionally, Veterans may discharge before program completion if they become ineligible for VA Health Care services, their behavior endangers staff or other Veterans, or if they require a higher level of care.

Veterans who discharge from the program upon successful completion (graduate) do so when they have achieved their stated recovery goal(s). This timeframe is variable, but typically occurs between 12 and 24 months after program enrollment. After completion, Veterans are considered "Alumni." As Alumni, Veterans may choose to visit and participate in the program occasionally.

## **Frequency of Services**

Veterans participate in VRC services according to their personal preference and need. Most Veterans initially participate 2-3 days per week, with a gradual shift towards increased community integration and decreased frequency in participation of VRC services. Group classes are in session every morning and several afternoons. In addition, Veterans meet monthly with their Recovery Advisors and quarterly with the multidisciplinary team to review recovery goals.

Community integration activities and events with staff support are available on an ongoing basis.

### **Payer Sources**

The VA Palo Alto Health Care System is reimbursed for the services provided to Veterans through the Veterans Equitable Resource Allocation (VERA) payment system. The annual reimbursement rate is determined by the complexity of the mental health and medical needs of the Veteran, as well as the frequency of services received at each location.

### **Fees**

The majority of the Veterans who receive VRC services do not pay out-of-pocket fees for those services. Factors may include low income or under or un-employment (e.g., serious impairment in occupational functioning), thus leading to Veterans being exempt from any co-pay requirements. However, the VRC may on rare occasions provide services to Veterans who exceed minimum income levels and therefore qualify for co-payments. Veterans who screen for VRC have already enrolled in VHA services, and therefore have received information about their co-payment status from the Health Administration Services Office (admissions and eligibility). If any Veteran has a question or concern about co-payments or fees, staff direct them to the Health Administration Services Office. Detailed information about the Health Administration Services Office, including location, hours, and phone number, is included in the VRC Program Handbook that is provided to Veterans at the time of their screening.

### **Referral Sources**

The majority of referrals are generated from within the VA Palo Alto Health Care System. The top three referral sources are: Inpatient psychiatry, Mental Health Intensive Case Management (MHICM) program, and the outpatient mental health clinics (Menlo Park and San Jose). VRC also receives referrals from providers at the Compensated Work Therapy/Supported Employment program, and occasionally from the General Medical Clinic (GMC) or other medical providers. In addition, Veterans can be referred by non-VA community organizations such as the National Alliance for Mental Illness (NAMI) or Depression Bipolar Support Alliance (DBSA).

### **Program Services**

The VRC program offers group classes, individual meetings with Recovery Advisors, community integration activities, and referrals to complementary services / care coordination, which are all designed to promote recovery and the development of meaningful roles in the community.

The following key program services are offered by VRC staff:

- Individual assessment and curriculum planning
- Individual recovery planning, including goal-setting using SMART objectives
- Individual and group psychotherapy
- Peer support services
- Psychoeducational classes

- Social Skills Training
- Illness management classes
- Wellness programming to promote an active and healthy lifestyle
- Wellness Recovery Action Plan (WRAP) classes
- Recreation Therapy services
- Community integration activities
- Mobility and destination training, access to and use of public transportation
- Spirituality classes and Chaplain services
- Multidisciplinary team meetings
- Advance Directives
- Family Education
- Care coordination

The following services are provided by referral:

- Art Therapy
- Self-Help and Advocacy services (e.g., Mental Health Advocacy Council, Patient Advocate)
- Trauma-focused therapy for PTSD (Cognitive Processing Therapy and Prolonged Exposure)
- Addiction treatment services
- Supported employment and other vocational rehabilitation services
- Supported education
- Pain Management
- Specialty women's services
- Intensive case management based on the assertive community treatment model
- Physical therapy
- MOVE program for weight management
- Inpatient psychiatric treatment
- Community self-help and advocacy (e.g., NAMI, DBSA)
- Neuropsychological assessment
- Housing specialty services (e.g., HUD-VASH, Grant Per Diem)